

**Application Data Sheet**

**Application Information**

Application Type:: Regular  
Subject Matter:: Utility  
Suggested Classification::  
Suggested Group Art Unit::  
CD-ROM or CD-R?:: None  
Number of CD disks::  
Number of Copies of CDs::  
Sequence Submission?:: None  
Computer Readable Form (CRF):: No  
Number of copies of CRF:: 0  
Title:: SYSTEM AND METHOD FOR PROVIDING TRAVEL INFORMATION ON A MOBILE COMMUNICATION DEVICE  
Attorney Docket Number:: 2001P11472WOUS  
Request for Early Publication?:: No  
Request for Non-Publication?:: No  
Suggested Drawing Figure:: 0  
Total Drawing Sheets:: 0  
Small Entity?:: No  
Latin Name::  
Variety Denomination Name::  
Petition Included?:: No  
Petition Type::  
Licensed US Gov't Agency::  
Contract or Grant Numbers::  
Secrecy Order in Parent No  
Appl.?::

**Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: SWITZERLAND  
Status:: Full Capacity  
Given Name:: MICHAEL  
Middle Name::  
Family Name:: FISCHER  
City of Residence:: METTMENSTETTEN  
State or Province of  
Residence::  
Country of Residence:: SWITZERLAND  
Street of Mailing Address:: BRUEELSTRASSE

City of Mailing Address:: METTMENSTETTEN  
State or Province of Mailing Address::  
Country of Mailing Address:: SWITZERLAND  
Postal or Zip Code of Mailing Address:: 8932

Applicant Authority Type:: Inventor  
Primary Citizenship Country::  
Status:: Full Capacity  
Given Name::  
Middle Name::  
Family Name::  
City of Residence::  
State or Province of  
Residence::  
Country of Residence::  
Street of Mailing Address::

City of Mailing Address::  
State or Province of Mailing Address::  
Country of Mailing Address::

Postal or Zip Code of Mailing Address::

Applicant Authority Type:: Inventor

Primary Citizenship Country::

Status:: Full Capacity

Given Name::

Middle Name::

Family Name::

City of Residence::

State or Province of

Residence::

Country of Residence::

Street of Mailing Address::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

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State or Province of  
Residence::  
Country of Residence::  
Street of Mailing Address::

City of Mailing Address::  
State or Province of Mailing Address::  
Country of Mailing Address::  
Postal or Zip Code of Mailing Address::

**Correspondence Information**

Correspondence Customer 28204  
Number::

**Representative Information**

Representative Customer	28204
Number::	

**Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	Continuation of	PCT/EP02/03222	3/22/02

**Foreign Priority Information**

Country::	Application Number::	Filing Date::	Priority Claimed::
EP	01 116 069.4	07/02/01	Yes

**Assignment Information**

Assignee Name:: SIEMENS SCHWEIZ AG

Street of Mailing Address:: ALBISRIEDERSTRASSE  
245

City of Mailing Address:: ZUERICH

State or Province of Mailing Address::

Country of Mailing Address:: SWITZERLAND

Postal or Zip Code of Mailing Address:: 8047